

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Fotoblishe | sont Name | _ | | | | * | | T | | | |
|--|-----------|-----------|---------------|------------|-----------------------------------|--------------|---------------------------------------|----------------------------|---------------------------|--------------|--|
| Establishment Name | | | | | | | Telephone Number | Date of Insp (mm/dd/yr) | Inspection PERMIT # //yr) | | |
| Coffee Crossing | | | | | | | 812 181 2433 | 10/11/ | 12/4/2019 19-68 | | |
| Establishment Address (number and street, city, state, zip code) 4212 Charlestem Rd New Alban, IN 47150 | | | | | | | | 12/4/2 | 2019 | 19 - 68 | |
| 4212 | Char | lester | m Rd | New A | Hbay, 1 | N 47150 | | | | | |
| Owner | | | | | , | | Purpose: | Follow-up | Releas | se Date | |
| Alm Butts | | | | | | | Routine | No 10 1ms | | | |
| Owner's Address | | | | | | | 2. Follow-up | Summary of Violations: | | | |
| | | | | | | | Î Î | 3. Complaint | | | |
| Person in Charge | | | | | | | 4. Pre-Operational | c | NG > | 0.5 | |
| Tyler Daht | | | | | | | _ | CTX | NC_C | x KA | |
| Responsible Person's E-mail | | | | | | | 5. Temporary | Menu Type | (See back | of page) | |
| | | | | | | | 6. HACCP | | | V1 G, | |
| Certified Food Manager | | | | | | | 7. Other (list) | 1 2 2 | (3 | 4 5 | |
| David (maingham (11/15/22) | | | | | | | | " <u></u> - | . | _' | |
| $\overline{}$ | | | | • — | | RATIVE COLUM | NS MADE ED "C" | | | | |
| CRITICAL ITEMS ARE DENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" | | | | | | | | | | | |
| | | | ROMERKEVI | OUS INSPEC | TIONS ARE I | | | AND IN THE NA | RRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | | <u> </u> | | Narrative | | | To Be Co | orrected By | |
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| Received by | (name and | title pri | nted): | | | | Transaction / | | | | |
| | | —. | TV | er Lie | Inspected by (name and title A.). | Ing ran | (ENS) | | | | |
| Received by (signature): | | | | | | | Inspected by (signature): | Inspected by (signature): | | | |
| Received by (name and title printed): Ther Light Received by (signature): | | | | | | | | ay | | ľ | |
| cc: | | | <u> </u> | · | cc: | | <u> </u> | cc: | | | |